



Network Access Request Form

Information Technology Services - Massachusetts Department Of Public Health

Please be advised that all network account requests need to be submitted a minimum of one week prior to user's start date.

☒ Create a New Account

☐ Modify Existing Account

☐ Delete Existing Account

User Name/s

(if bulk modifying, please
separate with commas)

GENERAL INFO

First Name M Last Name

Start Date Employment Status End Date

*If NOT a State Employee.

Division Supervisor

Site Room / Cubicle Phone #

SECURITY ACCESS

(Convenient) Please give user same rights as:

User Groups:	Add	Remove	Access to folders.	None	Read Only	Full
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E-MAIL

User will not automatically receive an e-mail address, unless specifically requested in this section.

Email Account ☒

Mailbox Size:

Distribution Lists

	Add	Remove
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

ADDITIONAL

The following may require additional forms
Please check all that are required

☒ Desktop Computer ☐ VPN
☐ Laptop / Notebook ☐ Mainframe Access
☐ BlackBerry ☐ UAID

Other

Additional Software:
(Photoshop, Visio, etc.)

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Additional Applications:
(MMARS, Meditech, etc.)

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Notes: (When requesting a user termination, please specify if and who should receive a copy of user's files)

<input type="text"/>

Requested By:

Date

Approved By:

Date